

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY 737 HTCI '07 JAN 11 A9:01

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Yosemori	JoAnn		546-3868	
MAILING ADDRESS (Street)			FAX	
1177 Bishop Street			546-8500	
(City)	(State)		(Zip Code)	
Honolulu	Hawaii		96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Hawaiian Telcom, Inc.			546-3868	
MAILING ADDRESS (Street)			FAX	
1177 Bishop Street			546-8500	
(City)	(State)	7/2007	(Zip Code)	
Honolulu	Hawaii		96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE		
Hawaiian Telcom Commu	546-3868		
MAILING ADDRESS (Street)	FAX		
1177 Bishop Street	546-8500		
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn Yosemori		546-3868	
MAILING ADDRESS (Street)		FAX	
1177 Bishop Street		546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

LREG 03/2005

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
☐ Agr	iculture	Education	☐ Human Services	Science, Technology & Economic Development			
	mmunications & olic Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
	nsumer Protection & mmerce	Hawaiian Affairs	Labor & Employment	☐ Transportation			
	ture, Arts, Historic servation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
	ology, Energy vironmental Protection	☐ Housing	Public Safety & Corrections				
PART	IV CERTIFICATION	OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
	2 m. 1220-06			12-26-06			
	(Signature of Lobbyist) (Date)		(Date)				
PART V AUTHORIZATION TO LOBBY							
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Micha	ael S. Ruley	Chief Executive Officer					
NAME (OF ORGANIZATION (if ap	plicable)		TELEPHONE			
Hawa	iian Telcom, Inc.			546-3868			
MAILIN	G ADDRESS (Street)			FAX			
. 1177	Bishop Street			546-8500			
1	(City)	(State)	(2	Zip Code)			
Hono	lulu	Hawaii 96813					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
	1	Dul Still	Zey	1-03-07			
(Signature of Authorizing Officer or Person Represent		ented)	(Date)				